

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000005312

FILED  
Apr 07, 2011  
Secretary of State

Entity Name: DRAFTFCB, INC.

**Current Principal Place of Business:**

100 W 33RD ST  
NEW YORK, NY 10001 US

**New Principal Place of Business:**

**Current Mailing Address:**

13801 FNB PARKWAY  
OMAHA, NE 68154

**New Mailing Address:**

FEI Number: 47-6024114      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CAPITOL CORPORATE SERVICES, INC.  
155 OFFICE PLAZA DRIVE  
SUITE A  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: VSEC  
Name: CAMERA, NICHOLAS J  
Address: 1114 AVE OF THE AMERICAS  
City-St-Zip: NEW YORK, NY 10036

Title: VP  
Name: GILLIAM, JOHN  
Address: 13801 FNB PARKWAY  
City-St-Zip: OMAHA, NE 68154

Title: PRES  
Name: BOSCHETTO, LAURENCE  
Address: 100 W 33RD ST  
City-St-Zip: NEW YORK, NY 10001

Title: TR  
Name: JOHNSON, ELLEN  
Address: 1114 AVE OF THE AMERICAS  
City-St-Zip: NEW YORK, NY 10036

Title: VP  
Name: ALEXANDROU, ANTHONY  
Address: 1114 AVE OF THE AMERICAS  
City-St-Zip: NEW YORK, NY 10036

Title: VP  
Name: STONE, JACQUELINE  
Address: 13801 FNB PARKWAY  
City-St-Zip: OMAHA, NE 68154

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOHN GILLIAM

VP

04/07/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date